

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40463

BIRTH NO. _____		REG. DIST. NO. 135		PRIMARY REG. DIST. NO. 4210		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) Ridgeway		c. LENGTH OF STAY (in this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) Ridgeway		0413	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Park Ridgeway				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Alia May Ratliff b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 10 - 29 - 50			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 4 - 1893	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home keeper		9. AGE (In years last birthday) 57	
11. BIRTHPLACE (State or foreign country) Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William S Williams				13b. MOTHER'S MAIDEN NAME Letha Parish		14. NAME OF HUSBAND OR WIFE John Ratliff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no				16. SOCIAL SECURITY NO. 487-16-7287		17. INFORMANT'S SIGNATURE OR NAME Mrs. Letha Parish Eaglehill Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wound in right temple ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot DUE TO (c) E981X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Order of Coroners inquest by Jury.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. TIME OF OPERATION Early morning Oct. 29 - 1950		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT GUNSHOT HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., on or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Ridgeway		(COUNTY) Harrison	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Mo			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and _____, 19____, and _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE Robert R. Bowers, Coroner 3				23b. ADDRESS Ridgeway Mo		23c. DATE SIGNED 10-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 25 - 50		24c. NAME OF CEMETERY OR CREMATORY Ridgeway Chapel		24d. LOCATION (City, town, or county) (State) Ridgeway Mo	
DATE REC'D BY LOCAL REG. Oct 25 1950		REGISTRAR'S SIGNATURE Leta Brewer		25. FUNERAL DIRECTOR'S SIGNATURE Robert R. Bowers, Ridgeway Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert H. Rogers

Licensed Embalmer No. *3676*

P. O. Address *Red Bank, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.